



# VVFC REGISTRATION

Whether this is your 1<sup>st</sup> time enrolling or you are updating your registration (Federal guidelines require VVFC providers to update every 12 months), these instructions should help make registration easier. Once completed, keep a copy for your records and mail the original to the VVFC office.

## General Information

- Indicate if this is the first time your practice has registered with the Virginia Vaccines for Children Program or if you are renewing an existing registration (even if your registration has lapsed).
- If this is your first time enrolling with VVFC, please be sure to attach a temperature log with your submission.
- List your practice name as you would like it to appear on future VVFC vaccine shipments and mailings.

## SECTION 1: Vaccine Shipping Information

- List the person who will receive the vaccine shipments
- List the delivery address for the vaccines (No P.O. Boxes – physical address for shipping please)
- Include telephone and fax numbers, as well as an email address
- List any delivery instructions, such as business hours or special locations

## SECTION 2: VVFC Mailing Information

- List the person you want to receive VVFC paperwork, including all *Backpage* newsletter mailings
- List the mailing address for VVFC paperwork
- Include the telephone and fax numbers

## SECTION 3: Type of Facility

- Please mark your type of facility. If you are a FQHC, RHC, or FQHC/RHC “Look-alike” please also document your facility’s Medicaid number.

## SECTION 4: Patient Population

- If you are a Medallion Provider (Medicaid PCP), please mark Yes
- If you are a Medallion 2 Provider (Medicaid HMO’s), please mark Yes
- If you serve Uninsured (Self-pay) patients, please mark Yes

## SECTION 5: Patient Profile

- This section is optional for health departments.
- For each patient type and age category, document the number of children who will receive (or you estimate will receive) vaccinations at your facility within a 12-month time span.
- Underinsured children are children that have health insurance, but their insurance does not cover vaccinations.
- Include your private insurance patients and >18 year old patients even though they are not eligible for VVFC vaccine.

## SECTION 6 & 7: Physician Registration

- Have the physician who will be the main contact read the VVFC contract terms listed in the box, print his/her name, Medicaid number, Medical License number, date and sign in the area provided.
- If your practice has physicians, physician assistants, or nurse practitioners that will be administering VVFC vaccine in addition to the one listed in section 6, please list them in Section 7.
- An original signature from each provider is required.
- Each provider’s Medicaid number by which they bill must be listed as well as their Medical License number. If a Medicaid number is pending, write “*pending*” and call us as soon as the number is issued.

## SECTION 8: Additional Practice and Site Information

- If you are affiliated with other practices and they are VVFC providers, check yes and list each one. If you know the practice’s PIN number, please list it also.
- If you order for other offices and distribute the vaccines yourself, please list the facility name and address in the second part as additional practices (under Satellite locations). Practices from the first question should not be listed a second time.

**QUESTIONS? CALL 1-800-568-1929** **VDH** VIRGINIA DEPARTMENT OF HEALTH  
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